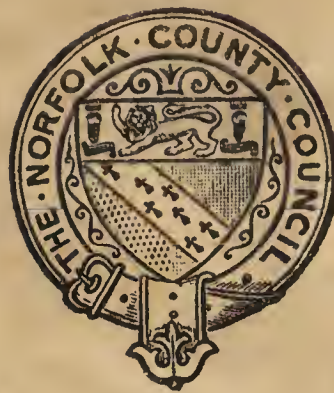


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14 SEP 1960



NORFOLK EDUCATION COMMITTEE

Annual Report

of the

PRINCIPAL
SCHOOL MEDICAL OFFICER
FOR 1959

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PREFACE

The year under review has, as far as medical inspection is concerned, been one of recovery from the effects of the extensive campaign against poliomyelitis. The employment of additional part-time medical staff and the reduction in the number of children vaccinated, enabled the programme of medical inspection, which had unfortunately got behindhand, to be fully implemented. By the united efforts of the school medical officers, both whole and part-time, threequarters of the schools where medical inspection was overdue, had been visited and, in consequence, over 9,000 additional pupils were seen as compared with the previous year. There is no doubt that the abandonment of the intermediate age group (8 years of age) in the autumn of 1958 was also largely contributory to this improved position. The protection of the child population against poliomyelitis was, of course, of over-riding importance and it is with satisfaction that it can be reported that by the end of the year 76.6% of the school population had had three injections. In addition, 2.2% had received their first or second injection.

The percentage (56) of parents attending periodic medical inspection was considerably lower than the figures for previous years but this, no doubt, can be accounted for by a larger proportion of older children being inspected since the elimination of the eight-year-old age group. The gradual improvement in the general physical condition of Norfolk school children since 1955 was maintained and in 1959 only 5 children in every 1,000 examined at periodic medical inspection were found to be unsatisfactory, an improvement of 100% on the 1956 figure.

The revised policy, which was mentioned in last year's report, of visiting schools for head inspections was introduced in March and has worked very satisfactorily, enabling the nursing staff to devote additional time to other duties, including assistance at vaccination sessions. In addition, since the elimination of routine visits to schools where all the children were clean, the activities of the teaching staff and pupils were less frequently disturbed. The statistics given elsewhere in this report indicate that, although the same number of individual children were found infested, the number of examinations at schools decreased by 100,000 in 1959.

During the year, a further 7 minor ailments clinics were closed owing to falling attendances.

The interest shown in Norfolk and elsewhere over the past few years in the partially deaf child encouraged the Committee to initiate special courses for health visitors and school nurses on the testing and ascertainment of the younger deaf child and to appoint a peripatetic teacher of the deaf. The first course was held in October at which 24 of the nursing staff attended lectures given by Dr. Ian G. Taylor, Lecturer in Clinical Audiology, Department of Education of the Deaf, Manchester University. These nurses were subsequently tested by Dr. Taylor early in 1960 and were all given certificates of proficiency. The peripatetic teacher of the deaf, who was formerly on the staff of the East Anglian School for Deaf and Partially Sighted Children, Gorleston-on-Sea, did not commence duty until the beginning of the spring term, 1960. Her duties will eventually include the visiting of pre-school deaf children in their homes and at centres throughout the county, the attendance at deafness clinics at Norfolk hospitals, and visiting schools for the teaching of deaf and partially deaf children.

With regard to the acute shortage of local government dental officers, both nationally and particularly in Norfolk, to which Mr. Millican draws atten-

tion in his report, perhaps a small measure of satisfaction can be gained by the fact that, at the end of the year, the equivalent number of wholetime officers employed in the school health service was just over 8, a figure which has not been exceeded over the past 10 years. Earlier in the year, whole-time dental officers were invited to undertake voluntary sessions for additional payment and, at the end of the year, 3 were holding evening clinics at 5 centres.

The shortage of speech therapists has unfortunately restricted this branch of the service and certain of the clinics within the area of the unfilled vacancy in North Norfolk remained closed.

With regard to the child guidance service, family doctors and hospital specialists continued to make use of the clinics and over half of the new cases are now being referred by them. It is pleasing to note an increasing co-operation between the school health service and the general practitioner, not only in the child guidance service but in all other aspects of the work.

Once again I wish to record my appreciation of the help and co-operation I have received during the year from the Chief Education Officer and his staff, head teachers and the professional and clerical staff of this department.

K. F. ALFORD.

Public Health Department,
29, Thorpe Road,
Norwich.
June, 1960.

STAFF OF THE SCHOOL HEALTH SERVICE DURING 1959

Principal School Medical Officer :

K. F. ALFORD, M.B., Ch.B., D.P.H.

Deputy Principal School Medical Officer :

A. G. SCOTT, M.B., Ch.B., D.P.H.

Senior Medical Officer :

A. E. LORENZEN, M.R.C.S., L.R.C.P., D.P.H.

Senior Assistant Medical Officer:

A. N. HUNTER, M.B., Ch.B., D.P.H.

***School Medical Officers :**

W. H. CRICHTON, C.I.E., M.B., Ch.B., D.P.H.

IRENE B. M. GREEN, M.D., B.S., D.P.H.

A. B. GUILD, M.B., Ch.B., D.P.H., D.I.H., D.T.M. & H.

J. HAMILTON, M.B., Ch.B., D.P.H., D.T.M. & H.

W. E. HOLMES, M.A., M.B., B.Ch., B.A.O., D.P.H., D.T.M. & H.

P. G. HOLT, M.B., Ch.B., D.P.H. (from 1st August).

G. R. HOLTBY, M.D., B.S., D.P.H., D.I.H.

R. N. C. McCURDY, M.B., Ch.B., D.P.H. (to 25th March).

J. H. F. NORBURY, M.B., B.S., D.P.H. (to 24th May).

N. T. W. POVER, L.M.S.S.A., L.R.F.P.S., L.R.C.S., D.P.H. (from 1st July).

J. A. SLATTERY, M.R.C.S., L.R.C.P., D.P.H.

*Also assistant county medical officers and district medical officers of health.

Part-time School Medical Officers :

SYBIL E. CATOR, M.B., Ch.B. (from 27th January).

MORLEY CHADWICK, B.A., M.R.C.S., L.R.C.P. (from 5th January).

C. T. DARWENT, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.

ELIZABETH M. ELLIOTT, M.B., B.Ch., B.A.O.

P. M. FEA, M.B., Ch.B.

MOLLY GOVIER, M.B., Ch.B., D.C.H.

JOAN E. HANCOCK, M.B., Ch.B.

NORA M. JOHNS, M.B., B.S.

A. JEAN LACEY, M.B., Ch.B., D.P.H.

ROSEMARIE D. LINCOLN, M.B., B.S.

R. N. C. McCURDY, M.B., Ch.B., D.P.H. (from 6th May).

C. MARGARET McLEOD, M.B., Ch.B.

F. R. WILSON, M.D., Ch.B. (to 10th December).

Principal School Dental Officer :

P. MILLICAN, F.S.A., L.D.S., R.C.S. (Eng.)

Dental Officers:

*M. G. ANSON, L.D.S., R.C.S. (Eng.)

(from 6th January) (full-time 1st March-31st July).

*J. E. CHASTON, L.D.S., R.C.S. (Eng.) (to 30th September).

*EDITH P. CHURCHYARD, L.D.S., R.C.S. (Eng.)

HILDA M. CROXFORD, L.D.S., R.C.S. (Eng.) (from 7th December).

*J. H. H. GRIFFIN, L.D.S., R.C.S. (Eng.)

P. L. MCCALLION, L.D.S., R.F.P.S. (Glas.) (to 13th May).

J. W. MCQUISTON, L.D.S. (Q.U. Belf.)

LILY T. MILNES, L.D.S., R.F.P.S. (Glas.)

*W. NICHOLLS, L.D.S., R.C.S. (Eng.) (from 28th September).

E. C. PACKHAM, L.D.S., R.C.S. (Eng.)

S. H. WOONTON, L.D.S., R.C.S. (Eng.)

* Part-time.

Superintendent Nursing Officer :

MISS A. DAY, S.R.N., S.R.C.N., S.C.M., H.V.Cert., Q.N.

Deputy Superintendent Nursing Officer :

MISS D. E. UNSWORTH, S.R.N., S.C.M., H.V.Cert., Q.N.

Assistant Superintendent Nursing Officers :

MISS G. CATO, S.R.N., S.R.F.N., S.C.M., H.V.Cert., Q.N.

MISS G. A. THOMPSON, S.R.N., S.R.F.N., S.C.M., H.V.Cert., Q.N.

MISS M. WEARMOUTH, S.R.N., S.C.M., H.V.Cert., Q.N.

Other Nursing Staff Engaged on School Health Service Duties.

Health Visitors and School Nurses

School nursing duties only, 5; combined duties, 19.

District Nurses and Midwives

Combined duties with health visiting and school nursing, 25.

Speech Therapists:

MISS Z. HARROD, L.C.S.T.

MISS J. RUTT, L.C.S.T.

MISS M. E. G. STEVENSON, L.C.S.T.

18 Driver Attendants (Dental)

ANNUAL REPORT

OF THE PRINCIPAL SCHOOL MEDICAL OFFICER FOR 1959

I. GENERAL STATISTICS.

Area of administrative county	...	...	...	1,302,501 acres
Population 1951 census	...	...	...	375,721
Registrar-General's mid-year estimate of population, 1959	...	...	...	390,200

Number of schools and number of pupils on the registers as at the 31st December, 1959:—

			Number of schools.	No. of pupils on registers.
Primary	...	...	425	34,156
Secondary modern	...	...	37	15,673
Secondary grammar	...	...	13	4,202
Wymondham College	...	...	1	738
Nursery schools	...	...	3	109
Special schools	...	...	3	142
			<hr/> 482 <hr/>	<hr/> 55,020 <hr/>

Average percentage attendance of pupils at primary and secondary modern schools for the year ended 31st December, 1959:

Primary	...	...	90.2
Secondary modern	...	...	90.6

II. STAFF.

The undermentioned table shows, as at the 31st December, the number of officers and estimated time which they devoted to the school health service. Figures for the previous year are given for comparison:—

	31st December, 1959		31st December, 1958	
	No. employed	Estimated equivalent in terms of whole- time officers.	No. employed	Estimated equivalent in terms of whole- time officers.
Medical staff	23	8.70	23	8.43
Dental officers	10	8.12	9	7.17
Speech therapists	3	3.00	3	3.00
School nurses	30	12.50	30	13.10
Driver attendants	18	14.42	16	12.70
Clerk attendants	9	5.64	9	5.64
Totals	93	52.38	90	50.04

The estimated equivalent of whole-time dental officers (8.12) is the highest for some years.

Details of the professional staff are given on pages 4-5 and major changes occurring during the year are given below:—

(a) School Medical Officers.

Dr. N. T. W. Pover, assistant county medical officer and school medical officer for the Thetford Borough, Swaffham Urban District and Swaffham and Wayland Rural Districts, and Dr. P. G. Holt, assistant county medical officer and school medical officer for the Cromer and Sheringham Urban Districts and Erpingham Rural District commenced duty on the 1st July and 1st August respectively in place of Dr. R. N. C. McCurdy and Dr. J. H. F. Norbury whose resignations took place on the 25th March and 24th May.

(b) Dental Officers.

During the year, one whole-time and one part-time dental officer resigned, viz. Mr. R. P. McCallion and Mr. J. E. Chaston.

A whole-time officer, Mrs. Hilda M. Croxford, took up duty in the King's Lynn area on the 7th December. In addition, two part-time officers, Mr. M. G. Anson and Mr. W. Nicholls, commenced duty on the 6th January and 28th September, respectively, in the Hellesdon, Hoveton, Stalham and Thorpe areas.

(c) Health Visitors/School Nurses.

Amongst the changes of staff during the year, was the resignation on 31st January of Miss D. Vickers who had served as school nurse in south-east Norfolk for just over 31 years.

III. MEDICAL INSPECTION.

During the year, 19,852 children were examined at periodic medical inspection, equivalent to 36% of the total pupils on the registers. This increase of over 9,000 compared with 1958 was due to intensive efforts made to visit all those schools at which pupils due for inspection had not been seen during the two previous years while the poliomyelitis vaccination campaign was at its height. A further factor was the employment of additional part-time assistant medical officers. With their help, the number of schools overdue at the beginning of the year had been reduced by the 31st December from 214 to 55. As a result, the number of special inspections also increased from 405 to 1,008 and re-examinations from 3,266 to 7,234.

The number of children inspected in each age group by years of birth is given in Part I, Table A on page 27.

11,120 parents (56%) attended the periodic medical inspections. This percentage figure is about 15% lower than in the previous year, which no doubt can be accounted for by the larger proportion of older children examined, at whose inspections parents less frequently attend.

FINDINGS OF MEDICAL INSPECTION.

Diseases and Defects (excluding dental and nutritional defects and uncleanliness).

Of the 19,852 children examined, 2,575 or 12.97% were recorded as requiring treatment for some defect. It will be noted from the following table that as compared with the previous year there was an increase in the percentage of children examined at periodic medical inspection found to be suffering from some defect for which treatment was recommended:—

1955	...	...	15.80%
1956	...	...	15.35%
1957	...	...	14.72%
1958	...	...	11.62%
1959	...	...	12.97%

The latest available comparable figure for England and Wales was 14.98 in 1957.

The principal defects noted and referred for treatment or observation were:—

Defective vision (excluding squint).
 Orthopaedic defects.
 Defects of nose and throat.
 Skin diseases

General Condition.

The physical condition of pupils inspected at periodic medical inspection was recorded for over 99% of the children. The percentages given in the following table show a gradual improvement since 1956 in the general condition of Norfolk school children inspected by the medical staff:—

Year.	No. of pupils inspected	Satisfactory		Unsatisfactory	
		No.	%	No.	%
1956	20,532	20,307	98.91	225	1.09
1957	16,219	16,095	99.23	124	0.77
1958	10,776	10,704	99.34	72	0.66
1959	19,852	19,749	99.48	103	0.52

The Committee's scheme for the provision of extra nourishment recommended on medical grounds was continued and, during the year, 600 containers of 50 halibut liver oil capsules and 2,110 8 oz. containers of maltoline with iron were distributed.

Provision of Milk and Meals.

The Chief Education Officer has again kindly supplied the following information regarding the provision of milk and meals:—

No. of pupils in attendance on 23/9/59			Meals			Milk	
			Free	Paid	% of those attending.	1/3rd pint free	% of those attending.
Primary	...	32,023	1,575	17,880	60.75	28,602	89.80
Secondary modern and secondary grammar	...	18,780	1,060	12,905	74.86	10,043	53.47
Nursery	...	90	12	78	100.00	90	100.00
Totals	1959	50,893	2,647	30,863	65.84	38,735	76.11
	(1958)	(50,711)	(2,816)	(29,890)	(64.42)	(38,827)	(76.52)

CLEANLINESS.

As from the middle of March, routine periodic cleanliness inspection of school children in primary and secondary modern schools was restricted to those schools where there had been infestation amongst any of the pupils during the preceding two years. Health visitors/school nurses, however, continued to visit "clean" schools in their area once a term to consult the head teacher and give any necessary help and advice. In addition, head teachers were able to call upon the school nurses' services at any time.

The onus for drawing attention to the possibility of uncleanness now rests with the head teachers and the great importance of notifying any suspected cases of uncleanness has been emphasised so that the school nurse can take immediate action with regard to treatment and exclusion, and subsequent following up, if necessary.

The decrease in the total number of examinations made during the year is, of course, the result of the increased emphasis on selective examination. It will be noted in the following table that 179 individual children, or 0.35% of the school population inspected, were found infested:—

Year	Total No. of examinations made by health visitors/school nurses.	Number of individual children found infested.
1955	189,958	197
1956	186,007	336
1957	161,318	233
1958	134,221	178
1959	32,676	179

OTHER DUTIES OF SCHOOL NURSES.

Health visitors/school nurses are responsible for following-up those children who at school medical inspection are found to need treatment for some defect. In addition, they assist the medical staff at periodic medical inspections and at B.C.G. and poliomyelitis vaccinations, which have increased greatly of recent years and make heavy demands upon the nurses' time.

Home visiting continued to play an important part in the school nursing service. When a parent does not attend the medical inspection of the child, the school nurse is often requested to pay a call at the home to inform the parent of the doctor's findings. The school nurse has also occasionally to pay a visit to the home of a verminous pupil or one whose clothing is not up to the standard of the other children in the class. These children are often members of near-problem families well-known to the school nurse, whom she can help not only by giving advice and guidance to the parents but by the provision of footwear, clothing, bedding, etc., obtained from voluntary agencies.

HEALTH EDUCATION.

School nurses have continued to visit the schools in their areas each term and, where no cleanliness inspection is necessary, have seen and discussed with the head teachers any children brought to their notice, and

advised accordingly. They have also given talks, where invited and, in some schools special courses of mothercraft and hygiene instruction.

It is appreciated that a great deal of interest has been taken by the head teachers and their staff and the nurses' work is made much easier by their ready help and assistance.

SCHOOL LEAVERS—MEDICAL REPORTS.

The arrangements whereby children due to leave school are specially examined with a view to a report on their suitability for certain types of employment were continued during the year, and when, in the opinion of the school medical officer, the handicap was one where a particular form of employment was contra-indicated, the official forms were completed for the information of the youth employment officer. These reports have proved to be of assistance to the county youth employment officer and his staff.

TRANSPORT OF CHILDREN TO AND FROM SCHOOL.

138 individual children were examined and recommended transport to and from school on medical grounds.

IV. TREATMENT OF DEFECTS.

CO-OPERATION WITH HOSPITALS AND GENERAL PRACTITIONERS.

Where defects are found as the result of medical inspection, general practitioners are asked for their prior consent before treatment is arranged.

Medical reports on school children are received from hospitals and the information which is contained in them is most valuable to medical officers working in the school health service.

MINOR AILMENTS CLINICS.

Since the introduction in July, 1948, of free medical attention, and the subsequent gradual decrease in attendances, the policy of holding minor ailments clinics in Norfolk has been kept under review. During the year 7 clinics where the attendances were not considered high enough to justify the time of the medical officer and the school nurse in attending were closed.

Details of the clinics as at the 31st December are included in the list given on pages 24-26 and the number of cases treated is shown in the following table:—

Minor ailment, disease or defect of the					Individual cases dealt with at clinics.
SKIN.					
Ringworm—scalp	...	...	...	..	1
Ringworm—body	...	.	...	...	3
Scabies	...	...	...	..	—
Impetigo	...	...	...	...	20
Other skin diseases	...	...	...		190
EYES	...	...	...	...	33
(External and other, but excluding errors of refraction and squint)					
EARS	...	...	...	...	10
MISCELLANEOUS	...	...	...	...	1,138
(e.g. minor injuries, bruises. sores, chilblains. etc.)					
TOTALS 1959					1,395
(1958)					(1,882)

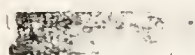
DEFECTIVE VISION.

The incidence of defective vision (other than squint) was 11.1% of those children examined at medical inspections. This percentage figure is based on the number of children recommended for treatment or placed under observation.

There was no further development in this service, which is under the control of the Regional Hospital Board through its hospital management committees, insofar as the provision of ophthalmologists was concerned.

Hospital eye clinics for Norfolk school children continue to be held at Norwich, Cromer, King's Lynn and Thetford, and, during 1959, 1,885 children were referred to eye specialists at these clinics. 1,091 pairs of spectacles were prescribed.

Particular attention is given by school medical officers to the testing for colour vision by the use of the Ishihara colour vision test at the medical inspection of leavers.



ORTHOPTIC TREATMENT.

Orthoptic clinics continued to be held at the three Norfolk hospitals, viz. the Norfolk and Norwich Hospital, the West Norfolk and King's Lynn Hospital, and the Thetford Cottage Hospital.

Statistics showing the work carried out at these clinics are given below:—

	Norfolk and Norwich Hospital.	West Norfolk and King's Lynn General Hospital.	Thetford Cottage Hospital	Total.
Number of children treated by or- thoptist ...	377	114	45	536
Total number of attendances ...	723	470	91	1,284
Number discharged as improved or cured ...	56	12	—	68

DEFECTS OF EAR, NOSE AND THROAT.

It will be seen from Part II, Table A, that 170 children were referred for treatment for defects of the nose and throat and, in addition, 1,427 were placed under observation for this condition.

113 cases were referred, with the general practitioners' agreement, to consultants at the hospital out-patients clinics with a view to hospital treatment.

SKIN DISEASES.

171 children were referred for treatment for diseases of the skin and 478 were placed under observation.

TUBERCULOSIS.

Children are referred, when considered necessary by school medical officers, to the chest physicians.

ORTHOPAEDIC TREATMENT.

There has been no change in the arrangements whereby children needing orthopaedic treatment are referred, with the consent of the family doctors, to the orthopaedic surgeons at Norfolk hospitals.

V. DENTAL TREATMENT.

The principal school dental officer reports :—

Insufficient professional staffing continues to be the main cause for anxiety for the future of our dental service.

As was mentioned in my last report, an establishment of at least 18 full-time officers would be required to carry out an efficient service in this widespread county. At the end of 1959, however, the county was served by the equivalent of 8.12 (as against 7.17 in 1958) full-time dental officers—irrespective of the clinical work carried out by myself. This shows a slight improvement on the previous year and it is gratifying to report that a vacancy in the King's Lynn district was filled in December by a whole-time officer.

It must be remembered, however, that the large population of priority cases resident in West Norfolk must continue to suffer from neglect as the following information will show:—

Upwell Area.

Eight schools, population approximately 1,000, have not been inspected since 1946.

Freebridge Lynn Area.

Seventeen schools, population approximately 900—none inspected since 1955 or earlier.

Terrington Area.

Sixteen schools, population approximately 1,700—none inspected since 1956 or earlier.

Downham Area.

Thirty-three schools, population approximately 3,256—640 pupils inspected in 1957, rest 1956 or earlier.

King's Lynn Area.

Twenty-one schools, population approximately 7,600, nearly all of whom have not been inspected since 1955 or earlier.

The centres listed below are provided with adequately equipped dental surgeries. Those at the local health offices (Aspland Road, Norwich; East Dereham; Downham and Thetford) have separate accommodation for the practice of dentistry but the other centres also offer facilities for the medical and nursing staffs and are, in fact, all-purpose clinics.

In 1960, the Acle clinic will be in action and a service for emergency cases will be provided at Terrington and Downham. Unfortunately, the excellent clinic building erected in 1957 at Methwold has never yet been used for dental purposes and the accommodation in the local health office at Thetford has suffered from long periods of disuse.

Clinic	No. of Sessions worked weekly	Clinic	No. of Sessions worked weekly
ACLE.		LODDON.	
*V.P. School ...	—	†Secondary Modern School	2
AYLSHAM.		LONG STRATTON.	
†Secondary Modern School.		†Secondary Modern School	5
Sir William's Lane ...	2	METHWOLD.	
COSTESSEY.		*Secondary Modern School	—
†County Primary School,		NORTH WALSHAM.	
Three Mile Lane,		*Secondary Modern School	5
Dereham Road ...	4	NORWICH.	
CROMER.		Local Health Office	
Local Health Office,		Aspland Road ...	5
Norwich Road ...	4	SHERINGHAM.	
EAST DEREHAM.		*Secondary Modern School	
Local Health Office,		Holt Road ...	4
High Street, ...	4	SPROWSTON.	
DISS.		†Secondary Modern School	
*Secondary Modern School	6	Recreation Ground	
DOWNHAM MARKET.		Road ...	4
Local Health Office,		STALHAM.	
48. Howdale Road ...	—	†Secondary Modern School	2
FAKENHAM.		SWAFFHAM.	
*County Primary School,		*Secondary Modern School	
Queen's Road ...	2	Brandon Road ...	3
FRAMINGHAM EARL.		TERRINGTON ST. CLEMENT.	
*Secondary Modern School	2	†County Primary School	—
HEACHAM.		THETFORD.	
Jubilee Clinic ...	2	Local Health Office	
HELLESDON.		Tanner Street ...	—
*C.P. Infants' School,		THORPE.	
Kinsale Avenue,		*County Primary School	
Middleton's Lane ...	6	Hillside Avenue ...	6
HOVETON.		WATTON.	
*Secondary Modern School	2	*Secondary Modern School	
HUNSTANTON.		Merton Road ...	2
†Secondary Modern School	2	WELLS.	
KING'S LYNN.		*Secondary Modern School	2
*Gaywood Secondary Modern		WYMONDHAM.	
Girls' School,		†Secondary Modern School	
Queen Mary Road ...	11	Norwich Road ...	—

*=Separate accommodation on school premises.

†=Accommodation within school building.

It will be observed from this statement that although our service is not deficient either in first-class premises or equipment, yet many of these admirable surgeries are not being put to full use and some of them are practically derelict.

How has this unfortunate state of affairs come about?

It must be realised that residence in rural districts (as opposed to towns) may not be attractive to professional people. For example, certain Fen districts in Norfolk have been devoid of local government dentistry for at least 14 years.

In addition to this, there are, of course, the very competitive attractions of the National Health Service and of private practice.

In consequence of all these discouraging factors, the provision of further new dental centres is not at present looked upon with favour.

In September, at the request of the professional staff, permission was granted to institute evening sessions with remuneration on an overtime salary basis. This is a temporary and experimental measure upon which a report will be submitted to the Committee in July, 1960.

A statistical comparison of the work carried out in 1957 and 1958 will be found in the table.

	Year 1959	Year 1958	Year 1957
1. Number of pupils inspected by the authority's dental officers :—			
(a) At periodic inspections ...	15,356	10,359	12,867
(b) As specials ...	3,021	3,506	3,983
Totals ...	18,377	13,865	16,850
2. Number found to require treatment ...	12,020	8,871	8,603
3. Number offered treatment ...	12,020	8,871	8,603
4. Number actually treated ...	6,002	5,458	5,985
5. Number of attendances made by pupils for treatment, including those recorded at 11(h) ...	20,668	16,737	18,161
6. Half-days devoted to :—			
(a) Periodic (school) inspection	227	166	173
(b) Treatment ...	3,407	2,930	3,033
Totals ...	3,634	3,096	3,206
7. Fillings :—			
(a) Permanent teeth ...	8,385	6,726	7,154
(b) Temporary teeth ...	1,331	712	706
Totals ...	9,716	7,438	7,860
8. Number of teeth filled :—			
(a) Permanent teeth ...	7,576	6,098	5,654
(b) Temporary teeth ...	1,241	654	679
Totals ...	8,817	6,752	6,333
9. Extractions :—			
(a) Permanent teeth ...	2,953	2,857	3,054
(b) Temporary teeth ...	7,093	7,655	8,755
Totals ...	10,046	10,512	11,809
10. Administration of general anaesthetics for extraction ...	1,108	1,379	1,872
11. Orthodontics :			
(a) Cases commenced during the year ...	184	140	198
(b) Cases carried forward from previous year ...	127	127	119
(c) Cases completed during the year ...	88	96	120
(d) Cases discontinued during the year ...	29	29	39
(e) Pupils treated with appliances ...	209	144	185
(f) Removable appliances fitted	201	157	196
(g) Fixed appliances fitted ...	—	—	—
(h) Total attendances ...	2,228	1,759	1,755
12. Number of pupils supplied with artificial teeth ...	184	188	158
13. Other operations :—			
(a) Permanent teeth ...	5,862	5,143	4,845
(b) Temporary teeth ...	3,802	3,647	2,846
Totals ...	9,664	8,790	7,691

VI. HANDICAPPED PUPILS.

ASCERTAINMENT.

The number of formal ascertainments of children carried out during the year was 209; this is 60 more than in the previous year. The following table gives an analysis of these ascertainments in eleven categories:—

	1959	1958
Blind	3	1
Partially sighted	—	2
Deaf	—	1
Partially deaf	22	6
Delicate	19	15
Educationally subnormal	109	62
Epileptic	6	6
Maladjusted	9	19
Physically handicapped	18	17
Defective speech	6	4
Multiple defects	17	16
Totals	209	149

The comparatively large increase in the number of partially deaf children ascertained indicates the greater emphasis now placed on the testing of young children following a training course for school nurses in the autumn.

A peripatetic teacher of the deaf was appointed by the Committee during the year but she did not commence duty until the beginning of 1960.

SPECIAL EDUCATIONAL TREATMENT.

As shown in the following table, there were 1,427 handicapped pupils, or nearly 2.6% of the school population, on the register:—

Categories.	In res. day or hospital spl. schools (incl. hostels).		In maintained schools.		In independent schools.		Not at school.		Totals.		1959 grand totals.	1958 grand totals.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
Blind ...	4	2	—	—	—	—	1	1	5	3	8	6
Partially sighted ...	9	2	8	3	1	—	—	—	18	5	23	23
Deaf ...	15	8	1	—	—	—	—	—	16	8	24	27
Partially deaf ...	4	4	29	15	2	—	—	—	35	19	54	45
Delicate ...	14	16	36	24	2	—	—	1	52	41	93	97
E.S.N. ...	44	23	342	136	—	—	3	2	389	161	550	551
Epileptic ...	2	1	14	12	—	—	2	—	18	13	31	24
Maladjusted	17	5	25	7	1	—	—	—	43	12	55	55
Physically handicapped	9	2	39	37	4	2	11	3	63	44	107	122
Speech defects	—	—	213	120	—	—	—	—	213	120	333	401
Multiple defects ...	33	20	58	29	1	2	4	2	96	53	149	164
Totals 1959	151	83	765	383	11	4	21	9	948	479	1427	—
1958	164	79	796	418	12	8	26	12	998	517	—	1515

The Committee provides a special school (Sidestrand Hall, Cromer) for 88 educationally subnormal boys and girls and a special school (Eden Hall, Bacton) for 52 delicate boys and girls.

Handicapped pupils in other categories, who are in need of special schooling, are placed, as far as vacancies can be obtained, in schools provided by other authorities or by voluntary private agencies.

The East Anglian School, Gorleston, accommodates the majority of Norfolk deaf and partially sighted pupils and, at the end of the year, 21 deaf and 9 partially sighted children were resident.

The special educational treatment provided is either a modification of the curriculum in an ordinary school, teaching in a residential special school or hospital or individual teaching in the child's home.

The proportion of handicapped children in residential special schools was slightly less than in the previous year. Unfortunately, there was no decrease in the large number of educationally subnormal children who were awaiting vacancies at special schools.

15 handicapped pupils were receiving home tuition at the end of the year and 7 were receiving tuition in hospitals other than the two hospital schools. At the end of the year, 12 Norfolk children were resident at the Melton Lodge Orthopaedic Hospital, Great Yarmouth, and 7 at Kelling Children's Hospital, Holt, where educational facilities are available.

SPECIAL SCHOOLS.

(a) Sidestrand Hall.

During the year, 26 new pupils were admitted to this special school. Arrangements are made for the children to be medically inspected periodically by members of the headquarters medical staff and, in addition, dental treatment is provided at one of the Council's clinics. Reviews are made of the pupils' progress at frequent conferences between the senior medical officer, educational psychologist and headmaster.

79 children were resident at the end of the year (including 3 out-county cases).

(b) Eden Hall, Bacton.

This school, which provides for delicate children, was regularly inspected by members of the headquarters medical staff. During the year, 12 children were admitted.

At the end of the autumn term there were 52 children in the school, of whom 32 were Norfolk children and the remainder from the areas of other authorities.

(c) Colne Cottage Hostel, Cromer, and Morley Hall Hostel, near Wymondham.

At the end of the autumn term, 17 children, including 9 sent by other authorities, were resident at Colne Cottage, Cromer, and 30, including 16 from other authorities at Morley Hall Hostel.

The child guidance team continued to visit both hostels regularly for the purpose of discussing the progress made by the pupils.

CEREBRAL PALSY.

62 educable children suffering from cerebral palsy and ascertained as handicapped pupils were known to the school health service at the end of the year. This number shows a reduction of 4 on the 1958 figure. 32, or 52%, were able to attend an ordinary school, 15, or 24%, were being educated in residential special schools, and 6, or 10%, were receiving home tuition. The remaining 9 children were either under school age or attending private schools.

CHILD GUIDANCE.

Although there has been no change in the number or disposition of the clinics, the figures given in the paragraphs below show that there has been a slight reduction in the number of examinations carried out during the year and of the total individual patients seen. Family doctors and hospital specialists continue to make use of the child guidance service, over half the new cases being referred by them. It is gratifying to report the ever-increasing co-operation between the school health service and the clinics, and the valued connection that has been developed between the general practitioner and the psychiatrist.

The clinic team, consisting of Dr. J. V. Morris, Dr. G. L. Ashford, Dr. A. K. Gillie and Dr. Anne Gillie, psychiatrists, Dr. A. E. Lorenzen, senior medical officer, Mr. R. A. Thomson, educational psychologist, and Miss C. M. Meyer, social worker, was strengthened during the year by the appointment of an additional educational psychologist, Mr. W. C. P. Lawrence, who commenced duty on the 1st September, and a second psychiatric social worker, Miss C. McCall, on the 1st March. In addition to child guidance work, the team has responsibility for ascertaining the needs of those children who require to be ascertained as maladjusted and recommended for admission to the two Norfolk residential hostels, Colne Cottage, Cromer, and Morley Hall, Wymondham.

Results following Diagnosis and Treatment

As the statistical tables on page 19 show, the percentage of children who were discharged as cured or greatly improved was 18.1, whilst 47.3% were still under treatment at the child guidance clinic or were in the course of being followed up by the educational psychologist or social worker.

These figures follow the pattern of previous years.

No. of clinics held	No. of new cases seen	No. of examinations carried out	Total individual patients seen
81 (77)	119 (118)	276 (296)	190 (195)

(Comparable figures for 1958 are shown in brackets)

The number of examinations carried out at each of the centres during the year is shown in the following table :—

	Norwich	King's Lynn	Cromer	Great Yarmouth	Cambridge	Home visits	Total
No. of sessions during year	... 46	26	9	—	—	—	81
No. of examinations during year	150	92	17	9	4	4	276

ANALYSIS OF NEW CASES REFERRED.

Sources of reference:—

	No.	%
General medical practitioners	52	
Hospital specialists	11	(52.9)
School medical staff, speech therapists and health visitors	22	(18.5)
Chief Education Officer, educational psychologist, social workers and head teachers of schools ...	21	(17.6)
Probation officers	4	(3.4)
Children's officer	7	(5.9)
Parents	2	(1.7)
	<hr/> 119	

Reasons for reference:—

General behaviour difficulties	42
Emotional difficulties	38
Educational difficulties (including refusal to attend school) caused by psychological disturbances ...	18
Incontinence of urine or faeces	16
Advice re mental deficiency	5
	<hr/> 119

Disposal of cases (including cases from previous years) :—

The figures in brackets indicate children who originally attended in previous years.

Discharged as adjusted or greatly improved ...	37	(25)
Recommended for admission to hostel or residential special school for maladjusted children ...	14	(4)
Recommended for admission to residential special school for educationally subnormal children ...	3	
Recommended for admission to residential special school for delicate children	2	
Recommended for admission to residential special school for epileptic children	1	(1)
Recommended for action under Section 57(3) of the Education Act, 1944	1	(1)
Recommended for admission to mental deficiency hospital (including temporary treatment) ...	1	
Recommended to be taken into care	2	
Referred to mental hospital	1	(1)
Advice given—no further treatment	27	(1)
Parents non-co-operative	3	
Left County	8	(4)
Still under treatment at end of year	90	(29)
	<hr/> 190	<hr/> (66)

SPEECH THERAPY

The vacancy in North Norfolk unfortunately remained unfilled during the year but, by re-arrangement of the clinic programmes of the three speech therapists, it was possible to cater for some of those children in areas which have been without a therapist for a long time.

The table on page 20(a) gives the statistics for the year ended 31st December.

PUPILS SUFFERING FROM DISABILITY OF THE MIND.

The numbers of children who were found, on examination by approved medical officers, to be incapable of receiving education at school or who required supervision on leaving school, are given in the following table : —

	Male.	Female.	Totals.
No. of children found incapable of receiving education in school (Section 57(3), Education Act, 1944)	9	9	18
No. of children found to require supervision on leaving school (Section 57(5), Education Act, 1944)	24	23	47
	—	—	—
	33	32	65
	—	—	—

The Education Act, 1944, provides a statutory right for parents to appeal to the Minister of Education against a decision to notify their children as being incapable of receiving education in school in pursuance of Section 57(3) of the Act. Two parents exercised their statutory right to do so, but in both cases the Ministry upheld the Committee’s decision.

HEART CLINICS.

There was no change in the arrangements whereby Dr. W. A. Oliver held a special heart clinic for Norfolk school children at the Jenny Lind Hospital. Any restriction of activity or modification of the school curriculum recommended by him is communicated both to the parent and head teacher of the school concerned.

At 24 clinic sessions held during the year, 119 examinations were carried out. In addition, older children are seen by Dr. Oliver at a heart clinic held at the Norfolk and Norwich Hospital and, during the year, 38 examinations were carried out.

VII. INFECTIOUS DISEASES.

The table below gives the number of schools closed on account of infectious illness, together with the number of days when the schools were closed:—

Disease	No. of closures		No. of school days closed	
	1959	1958	1959	1958
Influenzal coughs and colds 	9	6	37½	23½

SPEECH THERAPY

Statistics for Year Ended 31st December, 1959

TREATMENT AT CLINICS	Calver	Cremer	Diss	Downham Market	East Dereham	Fakenham	*Heacham	*Hunstanton	King's Lynn	†King's Lynn (Gaywood)	Loddon	*Methwold	Norwich	Old Buckenham	Stalham	Swaffham	Terrington	Thetford	North Walsham	*Upwell	Watton	†Wymondham	Treatment at Home/School	GRAND TOTAL
Total number of sessions held ...	38	46	39	44	90	46	30	43	108	24	34	35	216	38	33	35	38	38	35	40	36	44	—	1130
Total No. of cases:—																								
Treated during the year ...	10	15	11	11	25	15	3	10	32	12	3	6	77	9	9	5	12	3	10	6	2	12	54	352
Commenced treatment during year ...	2	7	3	3	10	10	3	10	5	12	1	6	44	3	4	2	7	2	4	6	1	3	24	172
Discharged ...	2	1	5	2	4	2	1	2	9	4	1	4	12	5	2	3	6	—	3	2	—	6	10	86
Transferred to other clinics or home visits ...	—	2	—	—	—	—	—	—	12	—	1	—	1	1	1	—	—	—	—	—	—	—	5	23
Analysis of all cases treated during year:—																								
1. Stammering ...	1	3	5	2	4	2	—	2	5	—	1	—	10	3	1	2	2	2	—	1	—	1	1	48
2. Defects of articulation:—																								
(a) Dyslalia ...	5	6	2	1	17	7	—	—	5	2	2	2	33	4	3	—	—	—	9	1	1	8	28	136
(b) Sigmatism ...	—	1	2	—	—	2	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	3	11
(c) Rhinolalia ...	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	3
due to (i) Cleft Palate ...	—	1	—	2	1	—	—	1	1	—	—	—	6	—	—	—	—	—	—	—	1	—	3	16
(ii) Nasal obstruction ...	—	—	—	—	1	—	—	1	—	—	—	—	—	1	—	—	—	1	—	—	—	—	1	5
(d) Dysarthria ...	1	—	—	—	—	1	—	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—	3	9
3. Aphasia ...	1	1	—	—	—	—	—	—	—	—	—	—	2	—	1	—	—	—	—	—	—	1	1	7
4. Defective speech due to:—																								
(i) Subnormal mentality ...	1	—	—	1	—	—	—	1	3	1	—	2	—	—	—	—	—	—	—	1	—	—	3	13
(ii) Deafness ...	—	—	1	—	1	3	3	1	—	—	—	—	8	1	2	1	—	—	—	2	—	—	6	29
5. Retarded speech development ...	—	—	—	5	1	—	—	3	17	8	—	1	3	—	1	2	10	—	—	—	—	2	4	57
6. Dysphonia ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
7. Multiple defects ...	1	3	1	—	—	—	—	1	—	—	—	—	8	—	1	—	—	—	1	—	—	—	1	17
Analysis of cases discharged:—																							Total	352
No. of children discharged during year who:—																								
1. Achieved normal speech ...	2	1	1	1	1	2	—	2	6	2	—	4	6	3	2	2	6	—	3	2	—	2	7	55
2. Were greatly improved ...	—	—	2	1	—	—	—	—	11	2	—	—	3	2	—	1	—	—	—	—	—	4	3	29
3. Showed some improvement ...	—	1	2	—	3	—	1	—	4	—	1	—	2	—	—	—	—	—	—	—	—	3	17	
4. Showed little or no improvement...	—	1	—	—	—	—	—	—	—	—	1	—	2	1	1	—	—	—	—	—	—	2	8	
No. of cases discharged during year:—																							Total	109
(a) No further treatment required ...	2	1	2	1	2	2	—	2	9	3	1	4	9	2	2	3	6	—	3	2	—	5	9	70
(b) Non co-operation of parents ...	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	1	—	3
(c) Left district ...	—	—	1	—	1	—	1	—	—	—	—	—	2	1	—	—	—	—	—	—	—	—	—	6
(d) Left school (over age) ...	—	—	2	1	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	6
(e) Unsuitable for speech therapy ...	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
(f) Transferred to other clinics ...	—	2	—	—	—	—	—	—	12	—	1	—	1	1	1	—	—	—	—	—	—	—	5	23
Total																								109

• Clinic recommenced January, 1959.
† Clinic commenced May, 1959.
‡ Clinic closed end of year.

VIII. VACCINATION AGAINST SMALLPOX.

99 children between the ages of 5 and 14 were vaccinated during the year and 68 were re-vaccinated.

IX. DIPHTHERIA IMMUNISATION.

No case of diphtheria occurred among school children in this county during 1959.

696 children of school age, who had not been immunised in infancy, were given primary immunisation during the year and 2,865 were given "booster" injections. These figures are more than three times the comparable figures for 1958, but are much lower than those necessary to ensure that a reasonable degree of general immunity from this disease is maintained. Of the 58,700 children of school age, only 20,901 (35.6%) have had re-inforcing injections within the last five years and can be deemed to be fully protected. This compares with 40.95% at the end of 1958. 24,477 (41.7%) immunised in 1954 or earlier have only partial protection and almost one quarter (22.7%) of the school population in the county is completely unprotected. These figures give cause for much concern and now that the peak of the poliomyelitis vaccination programme is passed it is hoped to concentrate on improving the position.

X. VACCINATION AGAINST POLIOMYELITIS.

No changes were made in the poliomyelitis vaccination scheme during the year. The introduction of the third injection, to be given not less than seven months after the initial two, announced by the Ministry of Health in September, 1958, and referred to in the last report, occupied a considerable proportion of the time of the school medical staff. At the end of year, 44,994 (76.6%) of the school population had received their third injection; 885 had received two injections; 385 had had the first injection and 157 had been registered but not given any injection. The percentage of children who have completed the full course is very satisfactory.

XI. VACCINATION AGAINST TETANUS.

Tetanus, a comparatively rare disease, may attack a person of any age and protection can be afforded by inoculation. For several years past, children have been given primary immunisation against tetanus at the same time as against diphtheria by the use of the combined antigen. The single tetanus antigen is also available for use when the combined one is contra-indicated and for "booster" injections against tetanus. During the year, 1,759 children of school age were given primary immunisation and a further 224 received booster injections.

XII. PREVENTION OF TUBERCULOSIS—B.C.G. VACCINATION.

B.C.G. vaccination is available for all children in their fourteenth year, subject to the consent of parents, and also to any children of 14-plus still at school not previously dealt with. 3,179 were skin tested, 2,581 were found to be suitable for vaccination and 2,478 were vaccinated. In addition, 316 contacts of tuberculous patients were also vaccinated.

XIII. SANITARY CIRCUMSTANCES AT SCHOOLS.

Investigations were made concerning the provision of mains water to five schools.

At one school, investigations were made as to drainage and sewage disposal conditions.

At four schools, general investigations were made concerning nuisances from refuse, etc.

In regard to eighteen schools, following inspections, recommendations were forwarded to the Chief Education Officer concerning heating, lighting, ventilation, washing or closet accommodation facilities.

Investigations in respect of four schools were made in connection with lack of water and water pressure.

A number of representations for improvements in school sanitary conditions were made during the year by district medical officers of health.

It is true to say that many schools in the county still lack adequate sanitary facilities and one cannot rest content whilst these circumstances exist; more especially perhaps now that, by reason of provisions made under the Housing Acts and of increasing numbers of modern Council houses, more and more children are able to enjoy full sanitary provisions in their own homes.

The existence of vault closets, although only a few, and pail closets possibly emptied at insufficiently frequent intervals, is an anachronism with which one cannot be satisfied. Suitably fixed washbasins, adequate in number and with both cold and hot water, should be available in all schools. In the matter of school meals, every endeavour should be made to avoid their being eaten in classrooms, where dust and other unsuitable conditions are often inevitable.

Progress is being made, but much too slowly and this can be remedied only by increased financial assistance to the Education Authority.

XIV. SCHOOL MEALS SERVICE.

A re-orientation of work has enabled the number of school visits over the year for food inspection purposes to be increased. 377 such visits were made as against 226 in the previous year and suitable action was taken with foodstuffs found to be unfit for human consumption. In some cases, this necessitated action with the suppliers and liaison with the appropriate local authorities. Co-operation with the head teachers and others connected with the service has continued to be excellent and progress towards meeting the requirements of the Food Hygiene Regulations has been maintained. In this latter connection, talks to canteen personnel at special courses arranged by the Chief Education Officer were commenced.

XV. MILK IN SCHOOLS SCHEME.

In my previous report, it was stated that only one supplier delivered designated milk other than pasteurised to county schools. During the year, this supply was found to contain the *Brucella Abortus* organism, which is responsible for undulant fever in human beings. Investigations, involving four herds, were at once carried out to trace the offending animals, but the final result was that the supply was permanently changed to pasteurised milk.

The following table indicates the milk sampling and examination results:—

Test.	No. of examinations.	Satisfactory.	Unsatisfactory.	Void
Methylene blue (pasteurised milk)	330	299	9	22
Phosphatase (pasteurised milk)	329	324	2	3
Total ...	659	623	11	25

Reports made at the time the above samples were taken showed several instances of milk being open to contamination and bird interference because of being left at school entrance gates and other unprotected points. It was also reported that at a number of schools, milk bottles were still being returned unrinsed to the dairies.

Continued liaison with the Chief Education Officer resulted in improved methods of storage in the above cases, and head teachers were again asked by him for their co-operation in the rinsing of milk bottles before returning them.

280 samples of school milk were submitted to the Weights and Measures Department for examination by the Gerber Test. Of these, 7 were found to be unsatisfactory, necessitating follow-up action.

XVI. REMAND HOME.

There has been no change in the arrangements for medical supervision of the remand home. A medical officer from headquarters examines children on admission and prior to discharge. A private practitioner is called on, in cases of sickness.

86 children were specially examined by the consultant psychiatrist and reports were issued for the guidance of the Juvenile Courts.

There was no infectious disease during the year.

XVII. CHILDREN'S HOMES.

The 5 Children's Homes and one Residential Nursery continued to be kept under medical supervision and reports were also periodically received on the hygienic condition of the premises.

Provision for those children needing dental treatment was made under the Committee's scheme.

XVIII. MISCELLANEOUS.

Holiday Camps for Physically Handicapped and Diabetic Children.

One physically handicapped and 2 diabetic children were sent to camps arranged by voluntary bodies at the expense of the Education Committee.

Medical Examinations.

The following examinations were made by the medical staff of the health department:—

260 examinations of candidates for teachers' training colleges and entrants to the teaching profession, under the terms of Ministry of Education Circulars 248 and 249.

137 examinations of entrants to the school canteen service, other than those covered by the Local Government Superannuation Acts.

SCHOOL HEALTH SERVICE

LIST OF CLINICS

as at 31st December, 1959

Name and address of clinic	Type of treatment provided	Frequency of session
AYLSHAM.		
Secondary Modern School	Dental.	Two sessions weekly.
OLD BUCKENHAM.		
C.P. School	Minor ailments.	One session weekly.
	Speech therapy.	One session weekly.
CAISTER.		
Parish Hall	Speech therapy.	One session weekly.
COSTESSEY.		
C.P. School	Dental.	Four sessions weekly.
	Minor ailments.	Two sessions monthly.
CROMER.		
Local Health Office, Norwich Road	Child Guidance.	One session monthly.
	Dental.	Four sessions weekly.
	Speech therapy.	One session weekly.
EAST DEREHAM.		
Local Health Office, High Street	Dental	Four sessions weekly.
	Speech therapy.	Two sessions weekly.
DISS.		
C.P. School, Victoria Road	Minor ailments.	One session weekly.
Secondary Modern School	Dental	Six sessions weekly.
	Minor ailments.	One session weekly.
	Speech therapy.	One session weekly.
DOWNHAM MARKET.		
Local Health Office, 48, Howdale Road	Dental.	When specially arranged.
	Speech therapy.	One session weekly.
FAKENHAM.		
Secondary Modern School	Dental.	Two sessions weekly.
	Speech therapy.	One session weekly.
FRAMINGHAM EARL		
Secondary Modern School	Dental	Two sessions weekly.
HEACHAM		
Jubilee Clinic	Dental.	Two sessions weekly.
	Speech therapy	One session weekly.
HELLESDON.		
C.P. Infants' School, Kinsale Avenue.	Dental.	Four sessions weekly.
HOVETON.		
Secondary Modern School	Dental.	Four sessions weekly.

Name and address of clinic	Type of treatment provided	Frequency of session
NEW HUNSTANTON.		
Secondary Modern School	Dental. Minor ailments. Speech therapy	Two sessions weekly. One session monthly. One session weekly.
KING'S LYNN.		
Local Health Office, 15, Nelson Street ...	Child Guidance. Minor ailments. Speech therapy.	Two sessions monthly. Three sessions weekly. Three sessions weekly.
Secondary Modern School Queen Mary Road, Gaywood.	Dental Minor ailments. Speech therapy	Eleven sessions weekly. Two sessions weekly. One session weekly.
LODDON.		
Secondary Modern School	Dental Speech therapy.	Two sessions weekly. One session weekly.
LONG STRATTON		
Secondary Modern School	Dental	Five sessions weekly
METHWOLD		
Secondary Modern School	Speech therapy	One session weekly.
NORWICH.		
Local Health Office Aspland Road,	Child Guidance. Dental. Speech therapy	One session weekly. Four sessions weekly. Five sessions weekly.
SHERINGHAM.		
Secondary Modern School	Dental. Minor ailments.	Four sessions weekly. Two sessions monthly.
SPROWSTON.		
Secondary Modern School	Dental. Minor ailments.	Four sessions weekly. Two sessions monthly.
STALHAM.		
Secondary Modern School	Dental. Speech therapy.	One session weekly. One session weekly.
SWAFFHAM.		
Secondary Modern School	Dental. Speech therapy.	Three sessions weekly. One session weekly.
TERRINGTON.		
C.P. Junior School ...	Minor ailments. Speech therapy.	One session monthly. One session weekly.
THETFORD.		
Local Health Office, Tanner Street ...	Dental. Speech therapy.	When specially arranged. One session weekly.
THORPE.		
C.P. School, Hillside Avenue ...	Dental. Minor ailments.	Six sessions weekly. One session weekly.

Name and address of clinic	Type of treatment provided	Frequency of session
UPWELL Secondary Modern School	Speech therapy	One session weekly.
NORTH WALSHAM. Secondary Modern School	Dental. Speech therapy.	Five sessions weekly. One session weekly.
WATTON. County Secondary School	Dental. Minor ailments. Speech therapy.	Two sessions weekly. Two sessions monthly. One session weekly.
WELLS-NEXT-SEA. Secondary Modern School	Dental.	Two sessions weekly.
WYMONDHAM. C.P. School 	Speech therapy.	One session weekly.

Medical Inspection and Treatment

RETURN FOR THE YEAR ENDED 31st DECEMBER, 1959

PART I—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS).

TABLE A—PERIODIC MEDICAL INSPECTIONS.

Age Groups inspected (By year of birth)	Number of pupils inspected.	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. (2)	No.	% of Col. (2)
(1)	(2)	(3)	(4)	(5)	(6)
1955 and later	397	394	99.24	3	0.76
1954	2,433	2,421	99.51	12	0.49
1953	2,592	2,573	99.27	19	0.73
1952	1,067	1,053	98.69	14	1.31
1951	269	266	98.89	3	1.11
1950	172	171	99.42	1	0.58
1949	2,316	2,305	99.52	11	0.48
1948	2,875	2,857	99.37	18	0.63
1947	2,018	2,008	99.51	10	0.49
1946	678	676	99.71	2	0.29
1945	1,708	1,704	99.77	4	0.23
1944 and earlier	3,327	3,321	99.82	6	0.18
Totals ...	19,852	19,749	99.48	103	0.52

TABLE B—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS (EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN).

Age groups inspected (By year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
(1)	(2)	(3)	(4)
1955 and later	7	49	53
1954	39	200	223
1953	70	210	249
1952	43	87	123
1951	12	23	34
1950	14	29	41
1949	186	170	325
1948	199	184	355
1947	178	146	308
1946	63	66	110
1945	158	72	221
1944 and earlier	382	190	533
Totals ...	1,351	1,426	2,575

TABLE C—OTHER INSPECTIONS.

NOTES:—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of special inspections ...	...	...	1,008
Number of re-inspections ...	...	...	7,234
		Total ...	8,242

TABLE D—INFESTATION WITH VERMIN.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons ...	...	32,676
(b) Total number of individual pupils found to be infested ...	...	179
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) ...	...	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ...	...	—

**PART II—DEFECTS FOUND BY MEDICAL INSPECTION DURING
THE YEAR.**

TABLE A—PERIODIC INSPECTIONS.

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
(1)	(2)								
4.	Skin	42	175	61	112	68	191	171	478
5.	Eyes—								
	(a) Vision ...	174	252	499	164	678	443	1851	859
	(b) Squint ...	77	85	4	12	40	59	121	156
	(c) Other ...	9	41	8	61	15	55	32	157
6.	Ears—								
	(a) Hearing...	21	92	9	22	33	61	63	175
	(b) Otitis Media	10	164	8	19	8	64	26	247
	(c) Other ...	7	37	4	9	5	28	16	74
7.	Nose and Throat	110	880	14	85	46	462	170	1427
8.	Speech	49	218	4	17	46	54	99	289
9.	Lymphatic Glands	7	222	—	12	5	97	12	331
10.	Heart	13	55	5	38	12	68	30	161
11.	Lungs	31	251	5	38	47	152	73	441
12.	Developmental—								
	(a) Hernia ...	9	31	5	3	10	21	24	55
	(b) Other ...	8	206	14	11	33	200	55	417
13.	Orthopaedic —								
	(a) Posture ...	1	42	2	26	19	126	22	194
	(b) Feet ...	53	163	12	45	45	119	110	327
	(c) Other ...	131	376	33	177	119	341	283	894
14.	Nervous system—								
	(a) Epilepsy ...	—	16	1	6	6	12	7	34
	(b) Other ...	3	41	2	13	6	61	11	115
15.	Psychological—								
	(a) Development	5	55	5	37	125	98	135	190
	(b) Stability ...	2	146	16	25	17	134	35	305
16.	Abdomen	5	43	2	13	3	30	10	86
17.	Other	12	102	5	44	18	154	35	300
	Totals	779	3693	718	989	1404	3030	2891	7712

TABLE B—SPECIAL INSPECTIONS.

Defec Code No.	Defect or Disease.	SPECIAL INSPECTIONS.	
		Pupils Requiring Treatment. (3)	Pupils Requiring Observation. (4)
(1)	(2)		
4	Skin	25	21
5	Eyes—		
	(a) Vision	187	75
	(b) Squint	9	14
	(c) Other	6	15
6	Ears—		
	(a) Hearing	22	28
	(b) Otitis Media	5	17
	(c) Other	5	7
7	Nose and Throat... ..	68	104
8	Speech	32	17
9	Lymphatic Glands	4	34
10	Heart	5	7
11	Lungs	16	24
12	Developmental—		
	(a) Hernia	8	4
	(b) Other	11	10
13	Orthopædic—		
	(a) Posture	3	17
	(b) Feet	16	12
	(c) Other	44	37
14	Nervous System—		
	(a) Epilepsy	6	3
	(b) Other	6	9
15	Psychological—		
	(a) Development	34	43
	(b) Stability	15	27
16	Abdomen	5	8
17	Other	34	29
	Totals	566	562

**PART III—TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY
AND SPECIAL SCHOOLS).**

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with.
External and other, excluding errors of refraction and squint	39
Errors of refraction (including squint)	1,885
Total	1,924
Number of pupils for whom spectacles were prescribed	1,091

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases known to have been dealt with.
Received operative treatment :—	
(a) for diseases of the ear	†
(b) for adenoids and chronic tonsillitis	†
(c) for other nose and throat conditions	†
Received other forms of treatment ...	12
Total	12
Total number of pupils in schools who are known to have been provided with hearing aids :—	
(a) in 1959	2
(b) in previous years	20

† Figures not available.

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated.
(a) Pupils treated at clinics or out- patients departments	†
(b) Pupils treated at school for postural defects	†
Total	†

† Figures not available.

TABLE D—DISEASES OF THE SKIN
(excluding uncleanness, for which see Table D of Part I).

				Number of cases known to have been treated.
Ringworm—(a) Scalp	...	...		1
(b) Body	...	...		6
Scabies ...	...	...		—
Impetigo	...	...		38
Other skin diseases	...	...		211
Total	...	...		256

TABLE E—CHILD GUIDANCE TREATMENT.

	Number of cases known to have been treated.
Pupils treated at child guidance clinics	*190

*Including 6 cases seen at other Authorities' clinics.

TABLE F—SPEECH THERAPY.

	Number of cases known to have been treated.
Pupils treated by speech therapist ...	*341

*Including 1 case attending another Authority's clinic

TABLE G—OTHER TREATMENT GIVEN.

				Number of cases known to have been dealt with.
(a) Pupils with minor ailments	...			1,138
(b) Pupils who received convalescent treatment under School Health Service arrangements	...	...		—
(c) Pupils who received B.C.G. vaccination	...	...	...	2,794
(d) Other	...	...	...	—
TOTAL (a) – (d)	...			3,932

